| STORE TAPE | <b>K</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 – 3                           |                                  | 07                                          | IFW                                                                                                                                                           | 1633 |  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| JAN 2 3    | Linder the Paperwork Reduction Act of 1995, no personal statements and the paperwork and the paper statements and the pap | sons are required to res        | U.S. Patent<br>pond to a collect | Approve<br>and Trademar<br>tion of informat | PTO/SB/21 (09-06<br>ed for use through 03/31/2007. OMB 0651-003<br>tk Office; U.S. DEPARTMENT OF COMMERC:<br>ion unless it displays a valid OMB control numbe | Í    |  |
| AT AT ISS  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Application                      | Number                                      | 10/024,648-Conf. #2636                                                                                                                                        |      |  |
| ÷          | TRANSMITT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AL                              | Filing Date                      |                                             | December 19, 2001                                                                                                                                             |      |  |
|            | FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | First Named                      | I Inventor                                  | Heather J. Belmont                                                                                                                                            | 1    |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Art Unit                         |                                             | 1633                                                                                                                                                          | 1    |  |
|            | (to be used for all correspondence afte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r initial filing)               | Examiner N                       | ame                                         | A. M. S. Wehbe                                                                                                                                                | 1    |  |
|            | Total Number of Pages in This Submiss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Attorney Do                      | cket Number                                 | 49663(48340)                                                                                                                                                  | 1    |  |
| · ·        | ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                  |                                             |                                                                                                                                                               |      |  |
| -          | Fee Transmittal Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing(s)                      | ·                                |                                             | After Allowance Communication                                                                                                                                 |      |  |
|            | Fee Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Licensing-rel                   | ated Papers                      |                                             | Appeal Communication to Board of Appeals and Interferences                                                                                                    |      |  |
|            | X Amendment/Reply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Petition                        |                                  |                                             | Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)                                                                                             |      |  |
|            | After Final                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Petition to Co<br>Provisional A |                                  |                                             | Proprietary Information                                                                                                                                       |      |  |
|            | Affidavits/declaration(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | rney, Revocatio                  |                                             | Status Letter                                                                                                                                                 |      |  |
|            | Extension of Time Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Terminal Disc                   | claimer                          |                                             | Other Enclosure(s) (please<br>Identify below):                                                                                                                |      |  |
|            | Express Abandonment Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Request for                     | Refund                           |                                             |                                                                                                                                                               |      |  |
|            | Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CD, Number                      | of CD(s)                         |                                             |                                                                                                                                                               |      |  |
|            | Certified Copy of Priority<br>Document(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Landsc                          | ape Table on                     | CD                                          |                                                                                                                                                               |      |  |
|            | Reply to Missing Parts/<br>Incomplete Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Remarks                         |                                  |                                             |                                                                                                                                                               |      |  |
|            | Reply to Missing Parts under<br>37 CFR 1.52 or 1.53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                  |                                             |                                                                                                                                                               |      |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                               |                                  |                                             |                                                                                                                                                               |      |  |
|            | SIGNATURE ØF APPLICANT, ATTORNEY, OR AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                  |                                             |                                                                                                                                                               |      |  |
|            | Firm Name EDWARDS ANGEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                        |                                  |                                             |                                                                                                                                                               | 1    |  |
|            | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A                               |                                  |                                             |                                                                                                                                                               | 1    |  |
|            | Printed name Jonathan M. Sparks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , Ph.D.                         |                                  |                                             |                                                                                                                                                               | 1    |  |
|            | Date January 29, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                  | Reg. No.                                    | 53,624                                                                                                                                                        | ]    |  |

. , .

| ADTENNE Application No | o. (if known): 10/024,648                                                                       | Attorney Docket No.: 49663(4                                                   |
|------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| с                      | ertificate of Express Ma                                                                        | iling Under 37 CFR 1.10                                                        |
| l he<br>Exp            | reby certify that this correspondence is being<br>ress Mail, Airbill No. EV 892 899 301 US in a | deposited with the United States Postal Service a<br>in envelope addressed to: |
|                        | Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450                          |                                                                                |
| on                     | January 29, 2007<br>Date                                                                        |                                                                                |
|                        | Storn                                                                                           | ><br>> yeen                                                                    |
|                        | Signa<br>Sharon I<br>Typed or printed name of                                                   | Bizokas                                                                        |
| R                      | egistration Number, if applicable                                                               | (617) 439-4444<br>Telephone Number                                             |
| Not                    | e: Each paper must have its own certificat<br>each submitted paper.                             | e of mailing, or this certificate must identify                                |
|                        | Transmittal (1 page)<br>Amendment (11 pages)                                                    |                                                                                |
|                        |                                                                                                 |                                                                                |
|                        |                                                                                                 |                                                                                |
|                        |                                                                                                 |                                                                                |



Docket No.: 49663(48340) (PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Heather J. Belmont et al.

Application No.: 10/024,648

Filed: December 19, 2001

Confirmation No.: 2636

Art Unit: 1633

For: TRANSGENIC ANIMALS COMPRISING A HUMANIZED IMMUNE SYSTEM Examiner: A. M. S. Wehbe

## **RESPONSE TO NON-COMPLIANT AMENDMENT**

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

## **INTRODUCTORY COMMENTS**

In response to the Notice of Non-Compliant Amendment dated January 4, 2007, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.